



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:  
Neuromuscular Institute of Texas, PA  
3740 Colony Drive, Ste. LL-100  
San Antonio, TX 78230

Respondent's Name:  
Via Metropolitan Transit  
Rep. Box # 28

MDR Tracking No.: M4-04-5644-01

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary as listed on the Table of Disputed Services: "...began treatment at NIT-PA on 7-24-02. Work Hardening was requested on 12-2-02 and approved for 3 wks...Week 1 of work-hardening was 12-10 thru 12-13-02. Week 2 was 12-16 thru 12-20-02. Week 3 began 12-20-02 and completed on 1-3-03."

Principle Documentation: 1. DWC 60 package  
2. CMS 1500's  
3. Explanation of Benefits (EOBs)  
4. Medical Reports

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a position summary.

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

| Date(s) of Service | Denial Code | CPT Code(s) or Description | Part V Reference | Additional Amount Due (if any) |
|--------------------|-------------|----------------------------|------------------|--------------------------------|
| 1-2-03<br>1-3-03   | A           | 97545WH<br>97456WH         | 1-2              | \$00.00                        |
| TOTAL DUE          |             |                            |                  | \$00.00                        |

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.201 titled (Medical Fee Guideline For Medical Treatments and Services Provided Under the Texas Worker's Compensation Act) effective April 1, 1996, sets out reimbursement guidelines.

On 2-16-07, the Requestor withdrew dates of service 2/11/03 and 2/26/03 from the medical dispute. These dates will not be considered further in this decision.

1. Per Rule 133.307(d), the request for medical dispute resolution was received in the Division on 1-26-04.
2. Based on Division Rule 133.307(d)(1-2), dates of service 1-2-03 and 1-3-03 are not eligible for review because they were submitted untimely.

Therefore it is the conclusion of the Medical Review Division that reimbursement is not due the requestor.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

Texas Labor Code 413.011(a-d)  
28 Texas Administrative Code Sec. §134.1  
28 Texas Administrative Code Sec. §133.307

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is not entitled to reimbursement

Decision by:

  
Authorized Signature

Elizabeth Pickle, RHIA

Typed Name

March 7, 2007

Date of Decision

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.